



SECTION 18 - MISCELLANEOUS FORMS

Adult Authorization Medical Release

Application for Colorado State FCCLA Honorary Membership

Application for Outstanding Administrative Support

Application for Outstanding Adviser

Application for Friends of FCCLA Award

Chapter Information Update Form

Code of Conduct and Verification Statement

Colorado FCCLA State Officer Candidate Responsibility and Qualification Signature Sheet

Cover Page for Colorado State Officer Team Adviser

Family, Career and Community Leaders of America Planning Process Summary Page

Leadership Project Planning Sheet

Application for FCCLA Promise Award

State Officer Candidate Application Form

Student Application for State Interview Panelist

Student Authorization - Medical Release - Parental Consent Form

Student Evaluator Application

A SEPARATE FORM IS REQUIRED FOR **EACH ADULT** ATTENDING STATE-AUTHORIZED ACTIVITIES
Duplicate as Necessary

Adult Authorization Medical Release

Name: _____

Name of Organization: _____

Address: _____

School Name: _____

MEDICAL RELEASE:

I, _____
Adviser, Teacher or Parent/Guest Signature Social Security #

hereby authorize in advance any necessary medical treatment required for me.

I am presently under medical care. ____ Yes ____ No

If yes, explain: _____

Date Signed: _____

Home Phone No.: _____

Medical Insurance Co.: _____ Policy No.: _____

Name of Insured: _____

Name of Family Physician: _____

Any allergies, medications, etc.: _____

RELEASE:

I agree not to hold the Colorado Career and Technical Student Organizations, the State Board for Community Colleges of Colorado, or any of its agents, liable for any accident, illness, or injury to me during participation in any state authorized activity, including travel to and from activity sites.

This release is for all local, district, state and national CTSO activities for the **current** school year beginning July 1 and ending August 1.

APPLICATION FOR COLORADO STATE FCCLA HONORARY MEMBERSHIP

State Honorary Membership – Any person, who has rendered outstanding service to the State Association of FCCLA or has helped to advance the Consumer and Family Studies/Related Service occupations programs in Colorado, may be nominated for State Honorary Membership. Applications for State Honorary Membership shall be sent to the FCCLA Office by due date. State Honorary Members have the privilege of attending all state meetings of the organization without vote. Entries arriving after the due date will be disqualified.

FORMAT:

A. COVER SHEET, INCLUDE THE FOLLOWING:

Nominee: _____

Title: _____

School: _____ FCCLA District: _____

Nominator: _____

Name	Address	
Phone	Fax	Email

B. NOMINATING MATERIAL

Nomination materials consist of the following items:

1. For the following three areas, list ways and provide evidence (i.e., narrative, description, pictures, letters) in which this person has rendered outstanding services: (Maximum of three pages per category allowed.)
2. Working with students
3. Working with the Career and Technical Consumer and Family Studies/Related Service Occupations program and student organization
4. Working with the school and community
5. Write a paragraph that explains who the person is and the ways they are affiliated with the Career and Technical Consumer and Family Studies/Related Service Occupations Program and the student organization. (This paragraph will be utilized during the honorary membership presentation at the annual State Leadership Conference.)

C. EVIDENCE OF SUPPORT

Additional pieces providing evidence of support may be included (maximum four pages):

Evaluation Will Be Based On:

- | | |
|----------------------------------------------------------------------------------------|-------------|
| 1. Cover Sheet | (5 points) |
| 2. Evidence: | |
| Working with students | (25 points) |
| Working with Consumer and Family Studies/Related Service Occupations Program and FCCLA | (25 points) |
| Working with the school and community | (25 points) |
| 3. Paragraph | (20 points) |

APPLICATION DEADLINE – SAME AS STATE LEADERSHIP CONFERENCE REGISTRATION DEADLINE EACH YEAR.

APPLICATION FOR OUTSTANDING ADMINISTRATIVE SUPPORT

As members and advisers of the Colorado Association of Family Career and Community Leaders of America (FCCLA), we recognize the fact that many administrators have given support to the work and activities of our state, district, and local organization. We invite any chapter to submit nomination letters supporting their administrator. Letters will be evaluated based on the criteria provided below by a committee. The award will be presented during the banquet at the annual State Leadership Conference. Entries arriving after the due date will be disqualified. Each chapter may submit one entry. Previous winners will be considered after five (5) years. Their work during that five-year period can be submitted for evidence. All other applicants may use ALL past experience when completing this form.

FORMAT:

A. COVER SHEET, INCLUDE THE FOLLOWING:

Nominee: _____

Title: _____

School: _____

FCCLA District: _____

Nominating Chapter: _____

Consumer Division: _____ Occupational Division: _____

Nominating Chapter Adviser: _____

Phone

Fax

Email

B. NOMINATING LETTERS

Please submit three (3) letters of support from the following categories (one from each category):

Student

- Past
- Present

Adult

- Parents
- Community Members
- Faculty

Adviser

These letters should indicate involvement in the following areas:

- Working with students
- Workings with the Career and Technical Consumer and Family Studies/related service occupations program and student organization
- Working with the school and community

C. EVIDENCE OF SUPPORT

Additional pieces providing evidence of support may be included (maximum four pages):

EVALUATION WILL BE BASED ON:

1. Cover Sheet (10 points)
2. Nomination Letters
 - student (30 points)
 - adult (30 points)
 - adviser (30 points)

**APPLICATION DEADLINE – SAME AS STATE LEADERSHIP CONFERENCE REGISTRATION
DEADLINE EACH YEAR.**

Application for Outstanding Adviser

PRESENTED TO: An adviser who best exemplifies the goals and ideals of the Colorado FCCLA organization.

WHO IS ELIGIBLE: Any current adviser of an FCCLA chapter. Previous winners will be considered after five (5) years. Their work during that five-year period can be submitted for evidence. All other applicants may use ALL past experience when completing this form.

WHO MAY SUBMIT THIS APPLICATION: Adviser, advisory board member, students, parents, administrator, State Executive Council Member, or any other knowledgeable person. Entries arriving after the due date will be disqualified.

FORMAT:

A. COVER SHEET, INCLUDE THE FOLLOWING:

Adviser: _____

Title: _____

School: _____ FCCLA District: _____

Nominator: _____

Name	Address	
Phone	Fax	Email

B. NOMINATION MATERIAL. Nomination materials consist of the following items:

1. List and describe how the nominee has worked with the following groups: (Maximum four pages.)

- a) Students
 - (1) FCCLA Consumer Division/Occupational Division
 - (2) Other student organizations
 - (3) Consumer and Family Studies/Related Service Occupations students
- b) School Personnel
- c) Community
- d) Consumer and Family Studies Professionals

2. Submit three (3) letters of support from the following categories: (One from each category.)

a) Student	Past or present	
b) Adult	Parent	Advisory committee member
	School board member	
	Community leader	
c) Administrator	Principal	Faculty member
	Superintendent	Vocational director

C. EVIDENCE OF SUPPORT.

Additional pieces providing evidence of support may be included. (Maximum four pages.)

Evaluation Will Be Based On: (to include completeness, support materials, etc.)

Lists and Descriptions of Work	POINTS
Students (FCCLA, other student organizations, and Consumer and Family Studies/Related Service Occupations students)	30
School Personnel	10
Community	10
Family and Consumer Science Professionals	20
Three (3) Support Letters (10 points each)	30

APPLICATION DEADLINE – SAME AS STATE LEADERSHIP CONFERENCE REGISTRATION DEADLINE EACH YEAR.

Application for Friends of FCCLA Award

Friends of FCCLA Award – Any Colorado individual who has participated in activities at the local, district, or state levels can be recognized for their outstanding participation/contribution to the FCCLA organization through the “Friends of FCCLA Award.” Applications for Friends of FCCLA can be submitted to the FCCLA office by a Consumer or Occupational chapter in good standing by the postmark date. Previous winners will be considered after five years. Their work during that five-year period can be submitted for evidence. All other applicants may use **ALL** past experience when completing this form.

RULES:

- A. Current Consumer and Family Studies/Related Service Occupations instructors are not eligible for this award.
- B. Each chapter may submit one entry.

FORMAT:

- A. Application must be submitted in a notebook/binder, which holds 8 ½ x 11” paper.
- B. COVER SHEET, INCLUDE THE FOLLOWING:

Nominee: _____

Title: _____

School: _____ FCCLA District: _____

Nominator: _____

Name

Address

Phone

Fax

Email

C. NOMINATION MATERIAL:

1. Two (2) letters of recommendation
 - a. Local Chapter Adviser/President
 - b. Other involved individual (e.g., administrator, chapter parents/employer, chapter members, advisory committee members)
2. List ways and provide evidence (i.e., narrative description, pictures, letters) for the following (maximum four pages):
 - a. Promotion of FCCLA
 - b. Number of years/times of active participation
 - c. Specific activities involved in
 - d. Additional contributions made to FCCLA
3. Write a paragraph that explains who the person is and the ways they have been involved with the student organization. This paragraph will be utilized during the honorary membership presentation at the annual State Leadership Conference.

EVALUATION WILL BE BASED ON:

1. Cover sheet (10 points)
2. Evidence:
 - Working with students (20 points)
 - Working with the program and student organization (20 points)
 - Working with the school and community (20 points)
3. Paragraph (10 points)

APPLICATION DEADLINE – SAME AS STATE LEADERSHIP CONFERENCE REGISTRATION DEADLINE EACH YEAR.

The information in the following Colorado FCCLA Adviser Directory is only as good as the information supplied to the State Office. Be sure your information is current and fill out the form below.

Chapter Information Update Form

To improve cost effectiveness and communication efficiency, Colorado FCCLA will begin relying heavily on the FCCLA website and emails to transmit information to advisers. Please complete the information below and **return to Colorado FCCLA, 9101 East Lowry Blvd., Denver, CO 80230, by November 15 of each year.** This form may also be downloaded from the *Advisers' Corner* on the Colorado FCCLA website at www.fccla.cccs.edu. Save the downloaded form to a local drive, complete the form, and email it to Patti Krattenmaker (patti.krattenmaker@cccs.edu) or by fax to (720) 904-2545.

Adviser Name: _____

Chapter Name: _____

School Name: _____

School Address: _____

City: _____ State: _____ Zip: _____

School Phone No.: (____) _____ Dept. Phone No.: (____) _____

Voice Mail No. (____) _____ Fax No.: (____) _____

Email 1: _____

Email 2: _____

Principal's Name: _____

School District Name: _____

FCCLA District: _____

Adviser's Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone No.: (____) _____ Cell Phone No.: (____) _____

Adviser Home Email (if you have one): _____

(We would only use home addresses and emails in extreme cases, for instance in the summer for National Conference mailings, etc.)

COLORADO FCCLA - POLICIES AND DISCIPLINARY PROCEDURES

For Members While in Attendance at District, State, Regional, and National Activities Code of Conduct and Verification Statement

I understand that if a violation of the Code of Conduct occurs, I may be subject to disciplinary action at the discretion of the Local Adviser/sponsor and state CTSO Specialist and may be sent home at my own expense. I understand all school district policies may apply.

Causes for disciplinary action to be taken:

- A. The possession or consumption of any intoxicating beverage, narcotic drug, or illegal substance by any member is prohibited. (This excludes member's own prescription drugs.) Local authorities may be notified of the incident.
- B. Members of the opposite sex are not allowed in sleeping rooms in hotels unless an adviser is present in the room. **NO EXCEPTIONS** – even with the door open.
- C. Defacing of property (including pulling fire alarms) – any damages to, or loss of furnishings located on the premise of the FCCLA function will be paid for by the responsible individual(s). Local authorities may be notified of the incident.
- D. Violation of school and/or hotel tobacco policies.
- E. Violation of curfew (as stated in program).
- F. Violation of dress code (as stated in the conference policies and information).
- G. Violation of harassment policies.
- H. Any other act that brings criticism or discredit to Colorado FCCLA and/or chapter as determined by the hotel, CTSO Specialist or Chapter Adviser/sponsor.

For more information regarding Policies and Disciplinary Procedures, see Chapter Handbook.

Disregarding or Violating the Code of Conduct

Delegates who disregard or violate this code will be subject to disciplinary action including, but not limited to, competitive event disqualification, forfeiture of privileges to attend further events, confinement to your hotel room, dismissal from the conference, and being sent home at your own expense. Parents and/or guardians will be notified and FCCLA reserves the right to notify law enforcement. Any Code of Conduct violation must be brought to the attention of the State Adviser prior to the conclusion of the conference. Disciplinary decisions will be made by Chapter Adviser(s) and/or State Advisor and/or local administrator.

This is to acknowledge I have read and understand the FCCLA Policies and Procedures, Code of Conduct and conference Dress Code.

Student Signature _____ Date _____

I understand that my child could be sent home at our expense should disciplinary action need to be taken.

Parent/Guardian Signature _____ Date _____

Home Address _____ City _____ State _____ Zip _____

Home Phone No. (_____) _____ Work Phone No. (_____) _____

Chapter Adviser Signature _____ Date _____

Building Administrator Signature _____ Date _____

School Phone No. (_____) _____

RETURN COMPLETED FORM TO CHAPTER ADVISER

**Colorado FCCLA State Officer Candidate
Responsibility and Qualification Signature Sheet**

STUDENT: If elected, I agree it is my responsibility to perform to my very utmost and to place this obligation above school activities, keeping in mind that I must maintain a satisfactory scholastic average. It is my responsibility to attend all required meetings. In the event that I graduate prior to completing my term in office, I agree to put forth every effort to fulfill my duties of this office. I have also read and understand the Colorado FCCLA Bylaws and the Policies and Disciplinary Procedures for Colorado FCCLA State Officers. I also understand that the information that I have submitted will be shared with the State and District Interviewing Panels.

Applicant Signature Date

PARENT(S): Your son or daughter is applying for State Officer consideration. It is an honor and a great responsibility for a student to be a State Officer. This will require your support financially, emotionally, physically, and in general, total parental backing.

Yes, I am willing to accept these responsibilities and support my son or daughter for a State Office. I have read and understand the Colorado FCCLA Bylaws and the Policies and Disciplinary Procedures for FCCLA State Officers. I also understand that the information my daughter or son has submitted will be shared with the State and District Interviewing Panels.

Parent Signature Date

ADVISERS: Your signature is verification of the qualifications of this candidate. Your assistance is required in completing all duties assigned to your State Officer during her/his term of office.

Yes, I am willing to accept the responsibilities of a Local Adviser to a State Officer and will give my total support to the student during her/his term of office, **including monitoring grade eligibility prior to required meetings**. I have read and understand the Colorado FCCLA Bylaws and the Policies and Disciplinary Procedures for FCCLA State Officers.

Local Adviser Signature Date

SCHOOL ADMINISTRATOR: Your signature is verification of the qualifications of this candidate and of your continued support of this student during her/his term of office, I HAVE READ AND UNDERSTAND THE COLORADO FCCLA BYLAWS AND THE POLICIES AND DISCIPLINARY PROCEDURES FOR FCCLA STATE OFFICERS.

School Administrator Signature Date

DISTRICT CONSULTANT: Your signature is verification of this candidate and that all State Officer selection procedures have been followed. I HAVE READ AND UNDERSTAND THE COLORADO FCCLA BYLAWS AND THE POLICIES AND DISCIPLINARY PROCEDURES FOR FCCLA STATE OFFICERS.

District Consultant Signature Date

COLORADO FCCLA STATE OFFICER TEAM ADVISER APPLICATION PROCESS

APPLICATION PROCESS

- A. Complete cover page.
- B. Submit a one-page (8 ½ x 11) typewritten letter of application expressing your interest in, and commitment to, serving as the State Officer Team Adviser. Include experiences which qualify you for the position.

Cover Page for Colorado State Officer Team Adviser

PLEASE TYPE:

Name: _____

Home Address: _____

_____ City State Zip

Home Phone No.: (____) _____

Work Address: _____

_____ City State Zip

Work Phone No.: (____) _____ Job Title: _____

School District/Institution: _____

Year Vocational Credential expires: _____

Teaching experience: _____ (years)

Years experience as a local Chapter Adviser: _____

Years experience as a District Consultant : _____

Membership in Consumer and Family Studies Professional Organization? _____ Yes _____ No

If Yes, list organization(s): _____

TO COMPLETE YOUR APPLICATION, ATTACH A LETTER OF APPLICATION

Applicant Signature

Local Administrator Signature

IDENTIFY CONCERNS



SET A GOAL



FORM A PLAN (Who, What, When, Where, How, Cost, Resources, and Evaluation)



ACT



FOLLOW UP



FCCLA State Officer Nomination Form

MAIL TO: **FCCLA STATE ADVISER**
9101 East Lowry Blvd.
Denver, CO 80230

DEADLINE DATE: **POSTMARKED BY FEBRUARY 15**

DISTRICT _____ CONSULTANT _____

A. STUDENTS SELECTED AS CANDIDATES FOR FCCLA STATE OFFICERS

- A maximum of two nominations plus one alternate candidate from each district for FCCLA State Office shall be forwarded to the State Adviser by the established deadline date.
- There shall be only one Officer Candidate from each member chapter. The alternate candidate may be from any member chapter including those with a candidate.
- The two nominations and alternate can be from any combination of comprehensive and occupational chapters.
- In the event of fewer than twenty-four State Officer Candidates, qualified alternates will be notified prior to the State Conference of their eligibility to be a State Officer Candidate.

Please print:

Candidate #1:			
	Name	Chapter	Comprehensive or Occupational
Candidate #2:			
	Name	Chapter	Comprehensive or Occupational
Alternate:			
	Name	Chapter	Comprehensive or Occupational

B. DISTRICT INTERVIEW PANEL MEMBERS

Name	School	Address
Name	School	Address
Name	School	Address
Name	School	Address
Name	School	Address
Name	School	Address

C. _____
District Consultant Signature

• District: _____

• State: _____

• School: _____

• Community: _____

• Employment (if applicable): _____

4. SCHOLASTIC ACHIEVEMENT: Grade Point Average: _____

Official Signature or Stamp: _____

Counselor or Registrar Signature

Student Application for State Interview Panelist

MAIL TO: **FCCLA STATE ADVISER**
9101 East Lowry Blvd.
Denver, CO 80230

DEADLINE DATE: **POSTMARKED BY FEBRUARY 15**

ORGANIZATION (Check One): Consumer Occupational

Name: _____ Present Grade in School: _____ Age: _____

Home Address: _____
Street City Zip

School Address: _____
Street City Zip

Chapter Adviser: _____ School Phone No.: (____) _____

Number of years you have been a member of FCCLA: _____

ACTIVITIES - Summarize in space allowed; do not attach additional pages.

a) FCCLA:

b) School:

c) Community:

PERSONAL OBJECTIVE: In what way, or with what background of experience, can you best contribute to FCCLA by serving on the panel to select State Officers?

Parent Signature Date

Applicant Signature Date

Do you feel that this student is ready to assume the responsibilities and obligations of being an interview panel member for FCCLA? YES NO

Adviser Signature Date
 YES NO

District Consultant Signature Date

Note: State Interviewing Panel member cannot be on District Interviewing Panel for State Candidates.

A SEPARATE FORM IS REQUIRED FOR **EACH STUDENT** ATTENDING STATE-AUTHORIZED ACTIVITIES
Duplicate as Necessary

Student Authorization - Medical Release - Parental Consent Form

Student Name: _____

Name of Organization: _____

Adviser: _____ School Name: _____

ADVISER AUTHORIZATION AND STUDENT PARTICIPATION AT ALL LOCAL, DISTRICT, STATE, AND NATIONAL CTSO ACTIVITIES FOR THE YEAR DESIGNATED BELOW:

Date(s) of Activity: From July 1, _____ to August 1, _____

I, the Adviser, hereby certify that this student has been authorized to represent our chapter as a participant/delegate and has received instructions concerning the organization rules at state authorized activities.

Adviser Signature Date

I, the student, do hereby verify that I have received the above information.

Student Signature Date

MEDICAL RELEASE:

I, _____
Parent/Guardian Signature Social Security #

_____ of _____
Relationship Student Name Social Security #

_____ of _____
Date of Birth **Complete home address including ZIP Code**

hereby authorize in advance any necessary medical treatment required for my son/daughter. This student is presently under medical care. Yes No

If yes, explain: _____

Date Signed: _____ Parent/Guardian Home Phone No.: _____

Medical Insurance Co.: _____ Policy No.: _____

Name of Insured: _____

Name of Family Physician: _____

Any allergies, medications, etc.: _____

PARENT/GUARDIAN AUTHORIZATION: I agree not to hold the Colorado Career and Technical Student Organizations, the State Board for Community Colleges of Colorado, or any of its agents, liable for any accident, illness, or injury to me during participation in any state authorized activity, including travel to and from activity sites.

Parent/Guardian Signature (if student is under 18 years) Date

Student Signature (if student is over 18 years) Date

*STAR Event or Colorado Event Chairperson: If planning to use a Student Evaluator, be sure to complete this application and return it to the FCCLA Office by December 15. A minimum qualification for a Student Evaluator – he/she must have achieved a gold medal at the state level for the event he/she will be judging.

Student Evaluator Application

Mail to: Colorado FCCLA Association
9101 E. Lowry Blvd.
Denver, CO 80230

Or Fax to: (720) 904-2545

DUE DATE: DECEMBER 15

Please type or print

Name: _____ Grade: _____

Chapter: _____

School: _____

Address: _____

School Phone No.: _____ City: _____ Zip: _____

Event qualified to evaluate: _____

- Check one: _____ Employed or have been in a related job
 _____ Related wage earning program
 _____ Participated in event before
 _____ Enrolled in an in-depth class

Prior experience with this event: _____

Related experience in the event:: _____

I understand that my chapter may not have an evaluator and participant in the same event. I also am aware that if I am chosen as a Student Evaluator, it is imperative that I be present all day during events.

Student Signature

Adviser Signature